

Global voice of Prevention

This report consist of views and materials that has been collected since July 2015, more detailed information about the consultation in person, the electronic consultation and about the organizations that have, in one way or another, contributed is found at the end of the report. I also want to take this opportunity to express my gratitude to all the organizations that has taken their time to provide me with their input, knowledge and expertise on this matter, thank you!

It should be stressed that prevention is a broad concept that in one way or another aim to delay or prevent the use of, in this case, illicit drugs. Interventions referred to as prevention intervention is not the same in all organizations. In this report I have tried to show as many views as possible and give examples on different interventions, with full understanding that some of this interventions are not seen as prevention activities by all the organizations. The main aim is to give as broad picture as possible.

Consistent is that drug abuse is seen as a problem that should and can be prevented. It is seen as a problem not only for the people using drugs bur also to others. Also, it is stressed that prevention is cost effective as it reduces the possibility of future problem from drug use, such as addiction, health issues and crime.

The importance of prevention is highlighted and stressed as a crucial aspect to solve the World Drug Problem. The view that prevention needs to be discussed more on the international level is common, and also that more resources should be put in place to enable a comprehensive and evidence based prevention.

“The voluntary and democratic natures of preventive communities make them everybody’s business and nobody’s business, despite other challenges such as financial constraints to train personnel. Without strong personal conviction members may procrastinate, by postponing responsibilities.”

Uhai Centre, Kenya

Much of the work being done in the sphere of prevention is in one way or another focused on children or youth. This also shows in the view that organizations stress that children’s interest should be considered and put in the center when addressing the World Drug Problem. In line with this many organizations express a concern over the trend of normalizing drugs, instead they are of the opinion that we should focus of the wellbeing of mankind and enable children to grow up in a healthy and drug free environment.

Many activates that are being done focus on self-awareness, self-confidence, self-expression good leisure and nutrition for young people, this in order to give responses to stress, deprivation and tensions. This can be done also by tackling the surrounding, attitudes, and feeling of belonging. The organizations are describing a great variety of different interventions that are being done around the world and are also stressing that it is important to culturally adapt the planned activities.

“Everything works some of the time, nothing works all of the time, so a multiplicity of approaches is required.”

National Drug Prevention Alliance, USA

Important areas for organizations working with prevention

In the electronic consultation the questions were asked:

- What works in prevention and where do you see room for improvement
- What do we know and where do we need more knowledge

This is also something that have been discussed in one way or another by members of the civil society in the in person consultations I have attended. Below I have tried to cluster the answers into some key areas that has been brought up by many of the answers and tried to give a picture of the perceived challenges and possibilities for the civil society around the world.

Knowing the local conditions

The need to know the local dynamics and user population to be able to decide on the best prevention strategy is stressed. Doing “good activities” is not enough, the prevention initiatives need to be personal and relevant to the group that is being addressed. How the reality looks like and what is the preconditions for prevention work in the target group is important issues to address before deciding on prevention activities. It is stressed that drug consumption is a complex phenomenon and social, economic, and cultural aspects must be considered when analyzing the local context. This is mentioned as both a strength of the current preventative work and as an area which could be developed further. In the light of the lack of relevant data, se below, the area is seen as a challenge.

It is also of importance to engage with the community, targeting the audience and to have clear objective. Also many organizations are also stressing that direct work with the target population is working. The work need to involve multidisciplinary staff and should also involve the target population and be adapted after the needs and precondition.

“We need to know more around what is effective for different populations and audiences through greater research and evaluation. To ensure the messages of prevention are meaningful and appropriate the target group needs to be well understood and addressed in a way that is persuasive for them”

New Zealand Drug Foundation, New Zealand

Lack of data in regions and areas

Connected to the need of knowing the local conditions when planning a prevention activity is the lack of relevant data in many cases. We know that we need to know the local preconditions to be able to plan relevant prevention activities, but the data is in many cases missing. There is a need for both quantitative and qualitative data on the use of drugs to know more both the spread of drug use and also the causes drug use, and this is especially stressed in the responses from the global south. Also the lacking of data for special populations is mentioned. Better data on specific populations could enable targeted solutions, for example for people in prison. Another specific data that is sought is research on how internet is influencing the behavior of youth and how we better can use the internet in our prevention efforts. Two other areas which are mentioned with concern is the spreading of New Psychoactive Substances and the non-medical use of prescription drugs.

It is also mentioned that the civil society organizations themselves can contribute with more knowledge. They are working on the grassroots level and they have a lot of knowledge from a local perspective but this information is not shared in all cases. This is an area which can be developed further, and the civil society needs to be more active here and take the responsibility to also share the unique information that they possess.

The importance of evaluating is also highlighted as both an area which is working in some cases but also an area where there is room for improvement.

“Prevention evaluation program must be an integral part of any prevention. From time to time, all existing prevention program must be evaluated regardless of their efficacy and effectiveness. evaluation is a must.”

Sub-Saharan Drug Abuse Research & Consultancy Center- Ghana, West Africa

It is also mentioned that we have data and information that can be used to a greater extent. For example is the EMCDDA quality standards, the UNODC International Standards on Prevention and the World Drug Report are mentioned as great tools, but it also seems like this tools have not reached out to all the civil society organizations.

Importance of family and community

One theme that is often reoccurring in the discussions about prevention is the importance of family and maybe more specific the important role of the parent or guardian of the child. Both in the respect which is shown in the quote below that the family is heavily affected by addiction, but also the important role the family have in preventing drug use.

“Addiction is a family disease and a societal problem whereby all family members, and the community are affected directly or indirectly thus requiring collective involvement.”

Uhai Centre, Kenya

Some organizations are working directly to strengthen the capacity of the parents and have identified them as one of the key factors in the drug prevention work. They stress that the knowledge of parents and relatives is knowledge that can be used more.

“Do never forget the important role that next of kin (parents, brothers and sisters) have in recovery for the drug abuser!!! Do never forget to listen to them what they have to say about those questions!!! They know a lot and maybe they have something to learn other next of kin!!!”

Anhöriga mot droger, Sweden

Another intervention used is the community based approach to achieve population level changes is drug use. It requires that communities engage in the following five steps; To assess the prevention needs based on data; To build prevention capacity; To develop a strategic plan; To implement effective community prevention programs, policies and practices; To evaluate efforts for outcomes. The main idea is to build on the existing resources and identify where there are gaps in the prevention work. The model builds on a comprehensive approach, that there is no single entity that bears the full responsibility and hence the responses should be a mix of environmental and individual efforts. However a challenge in this approach is the lack of data and the non-existent of resources.

Involving youth

Many organizations stressed the need to involve the youth both in the planning and implementation of the prevention activities. They are the experts in the area and have a lot of important information and input on how we better can reach them and adapt our message, both where they want to be reached and how the message could be formulated. It is also stressed that including youth in dialogue will lead to a stronger commitment of youth,

Some organizations are using youth in their prevention work, for example by working with peer to peer education or using mentorship in the same age as the target population, there is also one example of the use of ambassadors in the same age as the target population they are trying to reach.

When involving the youth there is a need to focus on strengthening positive values and to show ways for youth to protect themselves, peer pressure is here mentioned as both something that can be positive and negative in the aim of preventing drug use. If there is an acceptance of drug use in the social norm the peer pressure could be negative, but there are also cases where peer pressure is positive for the aim of preventing drug use, when the social norms and culture in an area is rejecting the use of drugs. Hence, organizations are working to change the social norms by, for example strengthening positive values in the community and to show ways for youth to protect themselves, one way of doing this is to increase access to healthy activities. It is also stressed that in many cases there is a genuine desire to change or to live a life without taking drugs, but they feel that they have no other options.

The aim to change the norms in the society is described as both a challenge and a great possibility. The influence of media and culture with a more positive attitude towards drugs (both illegal drugs and alcohol) is mentioned as a challenge which is influencing many young people and is making the prevention work more difficult. This is a way of normalizing drugs and voices are being raised that famous people should be positive role models and the pop-culture needs to take their responsibility in this case.

At the same time there is a trend in many cases where young people choose to say no to drugs. In some of the Western countries the level of underage alcohol drinking is among the lowest that has been seen since the data collection started. This has of course many different explanations, one of them is a global trend of the importance of living healthy, and a shift in social norms is being seen in some of the subgroups.

Increased cooperation

One area that is mentioned by almost all the responses is the need for, and the possibility of increased cooperation and coordination between the actors and sectors that are involved in the area of prevention. This will enable to use the existing resources better and could be part of the solution of the scarce resources that are described as a limitation.

The need for better cooperation between the health sector, the social services and the police is mentioned as an area where there is possibility for development. There are existing examples on different local areas where a closer cooperation between these actors has taken place, often with good results. There is a need to take better use of the results and the possibilities to develop the cooperation further, and also to expand the initiatives to other regions.

Also another area is the cooperation between the different actors in the civil society, and also to reach out to areas of the civil society that are not working with drug prevention directly but still are doing drug preventative work, such as leisure time organizations and the faith based community. There is a need to involve the local, sometimes informal, leaders more in line with the aim to mobilize the resources better.

When talking about the global level many are looking for more sharing between the civil society around the world and also an increased cooperation between states and institutions around the world. The World Drug Problem is crossing borders and so should the preventative response do. The exchange and sharing of ideas globally in the sphere of HIV prevention and case is highlighted by one organization as a good example of what works.

Special need in relation to poverty and marginalized areas

One issue of concern is the special needs for children growing up in marginalized areas, such as the slum areas or other areas affected by poverty and social exclusion. It is mentioned that in countries

where formal employment is scarce every opportunity, legal or illegal, for an income is being grabbed. The need to connect the World Drug Problem to poverty is being raised with the notion that the international community and member states need to pay more attention to this fact. There is also a sense of neglect for this segment of the world population as being shown in the quote below.

“the number of street children's and drug addicts is increasing and no one seems to care! We need more counselors and social workers on the ground, since I started dealing with street kids have never seen any counselor who us committed to assist me at all! The number is rising and I can't do it alone, to me is a threat! We need to get more people to address the plight in every corner of this Nation.”

William Amere, Mombasa, Kenya

Organizations are asking for answers on how we better can support children growing up in slums with high rate of addiction among the adults. They are also stressing that they see warning signals in the areas they work in that the situation can lead to radicalization of youth. There is a need to break the vicious circle and be able to support the parents in these areas to enable them to support their children for example to go back to school. Other areas that are connected are the problems of corruption, unemployment and school drop-out, just to mention a few challenges that many organizations face, which is needed to be addressed at UNGASS.

“Hence the challenge has been how to introduce an alternative source of income for their parents and also to enable them (the youth) either get back to school or assist them start small businesses that will be a source of income to the young Juvenile that will enable him say no to drug usage or peddling.”

Nature Smart Youth Program, Kenya

One important aspect in this regard is to close the gap between the need and the availability of treatment, especially in areas being described above, where treatment is not available. To be able to break the vicious circle organizations are raising the need to get treatment but also to address the stigma connected to drug dependence and to provide a way back to the society, with for example housing and employment.

Selected interventions

One area that many organizations identify as an area that needs to be developed further is to have more of selected interventions aimed to reach risk groups. The society can avert both financial costs and human costs if we can engage more in early interventions. This could for example include screening and early interventions for substance use in all healthcare settings. A need for increasing the knowledge and capability of the healthcare staff is then necessary. This should lead to brief interventions and referral to treatment for patients with positive results in the screening.

Another area where the development of early interventions is needed is in school. School staff needs to have a greater understanding of the problems with drugs and also have clear action plan if their students engage with drugs. The point of cooperation is being stressed as an important point in this regard. To have cooperation between the police, school, social services, the health care sector and the civil society to be able to create a chain of interventions helping the student to get back to school, drug free.

Answers are also highlighting that we need to develop our capability to identify risks and our answers to intervene early to interrupt drug use among children. The Civil Society has different ways of reaching the young people of risk, some use the Criminal Justice System and others sees it as a

hinder. However, there is an agreement that it is important to be able to identify children experimenting early and have good interventions as a response.

Innovating ideas

The organizations were asked in the electronic consultation for their innovative ideas that they wanted to share, below are some of the ideas that were brought up by the answering organizations.

- Neighborhood watch, develop community responses
- Involve local leaders and the faith based community more in the prevention work.
- The prevention work needs to be relevant and realize how people preferred to be reached, and adapt to that, for example by being technically up to date for example.
- To increase the use of the social media in prevention work.
- Using young people as ambassadors
- A Preventive Phone Application for youth
- Calendar for parents
- 1 minute" TVC: everyday for one year : Increase parental awareness and promote positive parent-child communication'
- Hotline 24/7 to listen to youth's problems and concerns Drug policies and their implementation
- Focus on health and human rights
- Increase the cooperation
- Better use the existing resources.
- To improve drop-in centers to attract and assist more people for example with dental care, showers, coffee makes etc.

Expectations for UNGASS and beyond

Many of the respondents are worried that UNGASS will not lead to actual implementation, that it will be merely an academic exercise with no actual impact on the preventative work in the reality. It is highlighted that in many cases the sectors responsible for the implementation are understaffed, undertrained and corrupted. A paper product will not deal with this problem without a plan for actual implementation and the resources needed. The outcome of UNGASS needs to take this into consideration and find a way to take steps to solve the obvious problem and share the burden.

“This does not change very much as what we expect is that conclusions be applied and not be a mere academic exercise”

Sri Lanka Anti Narcotics Association

One practical suggestion that is mentioned by many respondents is that UNGASS needs to generate funds to support the development and implementation of prevention. Organizations are also suggesting to create a shared database over the prevention projects and experience combined with research could be one way to strengthen the prevention work being done around the world. Another suggestion was to create an annual meeting point, a Forum, to address drug prevention. It is also suggested to have regional work-shops on prevention to be able to address the local context.

Respondents seem to be pleased with the inclusion of the civil society so far in the UNGASS process but they also stress that it is important that the civil society is given a voice and a possibility to be heard at the UNGASS, both in the preparations and at the actual meeting. Some have big expectations on the participation of the civil society at UNGASS. The expectations are driven by the fact that the civil society has better mechanisms for coordinating input to member states, both via the Civil Society Task Force and also via the umbrella organizations that has grown over the last years. Many organizations also want the UNGASS to raise the issue about support to the civil society for participating in global meetings. In many cases the organizations are hindered to participate due to financial restraints. They need to be supported in order to be able to complement the input of the governments in the member states.

“I’m also expecting UNGASS to give the opportunity to civil society organizations who are working in developing countries to share their challenge and constraints regarding knowledge and resources towards to represent in the global events so that we can spread best practices and knowledge of prevention models at local level.”

Peace Family and Media Association, Ethiopia

Some of the respondents want to see a more profound shift in UNGASS agreement. Many are looking for a better balance between demand and supply reduction, stating that supply reduction has been given too much resources, especially in the global south, while for example not enough resources are put on prevention activities.

*“What I do know is that drugs **cannot** be prevented from reaching the public through the old drug war strategies. To prevent addiction means all of society needs to change not just those involved with drug use/abuse.”*

Clean Scen – Network for youth, Canada

While others stress that the current drug policy is working and the main problem is the lack of implementation of interventions that we know is working, for example by applying the law, something that is missing is some areas. Other examples of areas that members of the civil society

want to be brought up at the meeting is more emphasis on alternatives for incarceration and the possibility to erase criminal record for persons who have completed their treatment

“...prioritize health, human rights and safety which will result to the number of new drugs abusers, drugs – related deaths decline by more than 50 percent, levels of new HIV infections to drop and reduction of property crime committed by people who use drugs, since its focus is the total elimination of drugs from the world.”

Nzenga Tanzania Deaf Society, Tanzania

“Where the provision of child rights convention will be fully and legal enforced globally. And also stakeholders at various levels will be engaged actively on this drug preventive measures.”

Centre for Advocacy on Drugs and Substance Abuse, Nigeria

Another expectation is that UNGASS will result in an exchange of experience that can strengthen the civil society active in the area, and a possibility to develop a standard approach to prevention that could be implemented globally.

Recommendations:

- Prevention of drug use should be a top priority for Global Drug Policy;
- The Global Drug Policy needs to be implemented, a policy will not solve the World Drug Problem without a plan for actual implementation and the resources needed for the implementation;
- Drug policy discussions should have a child focus, with the aim to protect the child from illicit drugs, in line with article 33 in the Convention of the Rights of the Child;
- Prevention should be evidence based in line with the UNODC's International Standard of prevention;
- Develop and implement methods for community based prevention, that both focuses on environmental strategies and individual efforts;
- All prevention activities should be in line with Human Rights and the three international Drug Conventions;
- The current development of legalization of cannabis needs to be stopped, and so also the normalization of recreational drug use;
- Provide resources, both financial and knowledge, to develop accurate data in regions and areas where data is missing, this is a precondition for developing local prevention strategies;
- Strengthen the international cooperation in order to share strategies and best practices in the field of prevention;
- Prevention intervention should involve the target group, often the youth or children, both in the planning and the implementation of prevention activities;
- Include the expertise and knowledge of the civil society, for example youth organizations, parents groups and self-help groups;
- Take better use of the resources by cooperation and coordination, for example between the criminal justice system, health system, the social services and the civil society;
- Develop and implement selected interventions with the aim to reach young people at risk and provide early interventions.

Description of the consultation

Consultation in person:

To be a representative of a global voice is a challenge, it is not easy to have the whole globe as a working area. Since no money was allocated for my task at the CSTF I used my planned engagement and also went on a few extra to be able to cover more areas of the world.

Below are a short description of the main activities/conferences that I have participated in and has served as an important input for this report.

West Africa Forum on Drugs, July 8-10, Nigeria

In July WFAD arranged a regional conference in Nigeria with over 60 participants, mostly from civil society organizations in Nigeria but also Senegal was represented. The theme of the conference was: “Mainstreaming Health and Child-Rights Concerns in Substance Abuse Policy, Planning and Programming in West Africa”, and a big part of the conference was dedicated to prevention policy.

Participating Organizations:

- 1) The Drug Salvation Foundation (Nigeria)
- 2) Centre for Peace Projects & Development, Kaduna (Nigeria)
- 3) Charles Uka Foundation-NGO OWERRI (Nigeria)
- 4) Green wealth (Nigeria)
- 5) Professional Driving and Safety Academy (Nigeria)
- 6) KYM Global, Abuja (Nigeria)
- 7) Community Health & International Research Org. CHIRO (Nigeria)
- 8) All Nigerian United Nations Students & Youths Ass(ANUNSA) (Nigeria)
- 9) Nigerian Prison Service (Nigeria)
- 10) United Initiative For A Drug Free Nigerian (Nigeria)
- 11) Drug Free Club O.A.U (Nigeria)
- 12) African Network Against Drug, Violences And Hiv (Senegal)
- 13) Center For Advocacy On Drug & Substance Abuse (cards) (Nigeria)
- 14) Breast Without Spot (Nigeria)
- 15) Beacon Youth initiative (Nigeria)
- 16) Greenwealth Community Initiative (Nigeria)
- 17) NSCDC (Nigeria)
- 18) Edem Children Foundation (Nigeria)
- 19) PRAWA (Nigeria)
- 20) African Law Foundation (Nigeria)
- 21) Milestones Rehabilitation Foundation (Nigeria)
- 22) All Nigeria United Nations (Nigeria)
- 23) AYICRIP (Nigeria)
- 24) Narcocon Nigeria (Nigeria)
- 25) ANUNSA (Nigeria)
- 26) Yusfond Consulting (Nigeria)
- 27) Chukwueke Chambers (Nigeria)
- 28) PADDI (Nigeria)
- 29) Civic Rights empowerment (Nigeria)
- 30) Partnership for a Drug Free Nigeria (Nigeria)
- 31) Health Rights Initiative (Nigeria)
- 32) NNDDR (Nigeria)

- 33) PDFN (Nigeria)
- 34) Community Health Initiative (Nigeria)

Sverige Mot Narkotika October 1-2, Sweden

The conference Sverige Mot Narkotika (Sweden Against Drugs) was organized by 20 NGOs¹ based in Sweden. Consultation and collecting of materials was done during the 2 days conference.

Participating organizations:

- 1) Svenska Narkotikapolisföreningen (Sweden)
- 2) European Cities Against Drugs (Sweden)
- 3) Anhöriga Mot Droger (Sweden)
- 4) Blåbandsförbundet (Sweden)
- 5) Föräldrarföreningen mot narkotika (Sweden)
- 6) Hassela Solidaritet (Sweden)
- 7) IOGT-NTO (Sweden)
- 8) Kriminellas Revansch i Samhället (Sweden)
- 9) Kvinnoorganisationernas Samarbetsråd i Alkohol och Narkotikafrågor (Sweden)
- 10) LP-Verksamhet (Sweden)
- 11) MHF-Ungdom (Sweden)
- 12) Nykterhetsrörelsens Bildningsverksamhet (Sweden)
- 13) Riksförbundet Narkotikafritt Samhälle (Sweden)
- 14) Svenska och Invandrade mot Narkotika (Sweden)
- 15) Sveriges Landsråd för Alkohol och Narkotikafrågor (Sweden)
- 16) SMART (Sweden)
- 17) Unga KRIS (Sweden)
- 18) VågaVA (Sweden)
- 19) X-Cons (Sweden)

Nine lessons on drug policy, October 19-21, Sweden

In October WFAD arranged, together with ECAD and EURAD, a three day course about drug policy. In total 28 persons from 25 organizations participated at the course, arriving from 19 different countries, from all continents. The participants discussed drug policy and the way forward during three days and is an important contribution to this report.

Participating Organizations:

- 1) Smokefree partnership (Belgium)
- 2) Proslavi Oporavak/Celebrate Recovery (Bosnia and Herzegovina)
- 3) Comunidad La Roca (Chile)
- 4) Stijena (Croatia)
- 5) Sub-Sahara Drug Abuse Research & Consultancy Center (Ghana)
- 6) Just Say No Nepal (Nepal)
- 7) Forum for a drug free nepal (Nepal)
- 8) Nigeria Alcohol prevention youth initiative (Pakistan)
- 9) Kristiansand kommun (Norway)

¹ <http://www.landskrona.se/Pages/Page.aspx?pageId=19873>

- 10) Actis (Norway)
- 11) Bashiran Munshi Foundation(BMF)
- 12) Restart (Serbia)
- 13) National Council For The Prevention of Alcoholism and Drugs Dependency (SL) Inc. (Sierra Leone)
- 14) Active (Sweden)
- 15) ECAD (Sweden)

NordAN Conference, October 23-24, Finland

The NordAN conference in Finland gathered Nordic and Baltic organizations working primarily with alcohol, but most of them are also, in one way or another, also active in the sphere of illicit drugs. They requested some information on the UNGASS process and at the same time valuable input was gathered for this report, the prevention sphere has a lot more alcohol related research and hence these is very important also for us working with illicit drugs.

17th International Congress on Addiction, November 4-6, Mexico

Centros de Integración de Juvenil arranged the 17th International Congress on Addiction with around 2500 participants, mostly from the Latin American continent. It serves as an important input from that region of the world.

Regional Consultation Workshop, November 26-27, Turkey

I was invited to participate and gather input from organization in the Regional Consultation Workshop Towards UNGASS, November 26-27, 2015. In total 35 persons from 20 different countries participated at the two days meeting to discuss and give input to the UNGASS process. The group was divided in five subgroups which discussed the five thematic areas, I participated in the group discussing Drugs and Crime.

Participating Organizations:

- 1) AIDS Foundation East West (Kyrgyzstan)
- 2) Albania Green Crescent (Albania)
- 3) Andrey Rylkov Foundation for Health and Social Justice (Russia)
- 4) Association Diogenis (Greece)
- 5) Azerbaijan Green Crescent
- 6) Bağımlılığı Engelleme, Mücadele ve Eğitim Vakfı (Turkey)
- 7) Bosnia Green Crescent(Bosnia)
- 8) Buzurg (Tajikistan)
- 9) Cyprus Green Crescent (Cyprus)
- 10) Drug Enforcement Department (Qatar)
- 11) Ergoterapi Derneği (Turkey)
- 12) EURAD (Belgium)
- 13) Eurasian Network of People who Use Drugs (Russia)
- 14) Montenegro Green Crescent
- 15) Narcotics Anonymous (NA) Turkey
- 16) NGO Legal Development and Democracy (Azerbaijan)
- 17) NGO Stijena (Croatia)
- 18) Organization for Harm Reduction in Afghanistan (Afghanistan)
- 19) Podruga (Kyrgyzstan)
- 20) Proslavi Oporavak (Bosnia and Herzegovina)

- 21) Rebirth Charity Society (Iran)
- 22) South Caucasus Office on Drugs and Crime (Georgia)
- 23) VNGOC (Vienna)
- 24) World Federation against Drugs (Sweden)
- 25) Yemen without Qat (Yemen)

Electronic consultation:

A request for input to the consultation was sent out in the middle of November, asking for input on the thematic areas of UNGASS with a prevention focus. In the request for input members of the civil society was also asked to share their input on prevention models that they are currently using in their operations. The organizations that chose to share their models are found in the Annex and the attachment 1-14.

The request was sent out to WFAD members, in total 280 email addresses. The Civil Society Team of UNODC also provided a list of their NGOs working with drug related issues, around 2000 email addresses, the same request went out to this list.

The deadline was set to December 10 but contributions to the report has been accepted until January 12.

In total 53 contributions from around the world was received.

The electronic consultation was of outmost importance since the consultation in person, due to lack of funding, only allowed me to use my already planned travel and visits, the electronic allowed me to reach out to organizations and persons that I don't have in my network. The possibility to cover more of the global voice was therefore a bit higher with the help of the email list from the civil society team of the UNODC.

Participating Organizations:

- 1) Tanzania Citizens' Information Bureau (Tanzania)
- 2) Dianova International
- 3) Dalgarno Institute (Australia)
- 4) Celan Scen, Network for Youth (Canada)
- 5) Association Nationale AL HIDN (Morocco)
- 6) Slum Child Foundation (Kenya)
- 7) Reto Russia (Russia)
- 8) OASI Foundation (Malta)
- 9) Drug Free America Foundation, Inc. (USA)
- 10) Fondazione Villa Maraini (Italy)
- 11) NCADD-Maryland (USA)
- 12) New Step Pakistan (Pakistan)
- 13) RISE (Pakistan)
- 14) Forbundet Mot Rusgift (Norway)
- 15) La corporación Acción Técnica Social (Colombia)
- 16) M/s Nagri Associates (Pakistan)
- 17) Anhöriga Mot Droger (Sweden)
- 18) Unified Initiative for a Drug-Free Nigeria (Nigeria)

- 19) Generosity International Lifecare Development Coalition (Uganda)
- 20) Pakistan Youth Organization (Pakistan)
- 21) Unity in Diversity Foundation (Tanzania)
- 22) Network for Youth Advancement and Peace Foundation (Ghana)
- 23) Buganda Environment & Dev initiative (Uganda)
- 24) Forearms Of Change Center to Enable Community (Jordan)
- 25) Sub-Saharan Drug Abuse Research & Consultancy Center (Ghana)
- 26) World Assembly of Youth (Malaysia)
- 27) National Care Centre (Uganda)
- 28) Shekinah Foundation Trust (South Africa)
- 29) Le Conseil des Facilitateurs des pays des Grands- Lacs (DR Congo)
- 30) Parents Circle Vienna (Austria)
- 31) Nzega Tanzania Deaf Society (Tanzania)
- 32) New Zealand Drug Foundation (New Zealand)
- 33) William Amere (Kenya)
- 34) Municipal Council on Drug Addiction Blagoevgrad (Bulgaria)
- 35) Peace Family and Media Association (PFMA) (Ethiopia)
- 36) GRANAT (Indonesia)
- 37) NGO Preporod (Montenegro)
- 38) Nurture Smart Youth Program (Kenya)
- 39) Centros de Integración Juvenil, A.C. (Mexico)
- 40) Oum el-Nour - Rehabilitation centers for drug addicts and prevention programs (Lebanon)
- 41) LUADA (Liberia)
- 42) AIDS Foundation East-West (AFEW) (Holland)
- 43) Mentor Arabia (Lebanon)
- 44) K. Edwin Gitau (Kenya)
- 45) Edem Child Foundation (Nigeria)
- 46) Drug Free Society (Nepal)
- 47) Centre For Advocacy On Drug & Substance Abuse (Nigeria)
- 48) Sri Lanka Anti Narcotics Association (Sri Lanka)
- 49) National Drug Prevention Alliance (UK)
- 50) Foundation for a Drug-Free Europe (Belgium)
- 51) Riksförbundet Smart (Sweden)
- 52) Uganda Youth Development Link (Uganda)
- 53) Community Anti-Drug Coalitions of America (USA)

Annex; prevention models from the civil society

As described in the chapter on the description of the consultation I asked the organizations to share their models of prevention work. Below are some of the descriptions that was received, please also see Attachment 1-14.

Dianova International

"MOCKTAILS: memories of a funny evening" is part of a health promotion approach as a precondition for improving the quality of life of individuals through an intelligent collaborative investment in the health of youngsters, young and the whole community of the city Torres Vedras, located 40km west of Lisbon. In partnership with the Municipality of Torres Vedras and in collaboration with 42 partners, MOCKTAILS is being held since 2009 on a yearly basis within school and community environments during a week time in May, by focusing on a face-to-face to help young students to "defend themselves" from peer pressure and to be more responsible in leisure time without "risking" the day after. In the past 7 years, MOCKTAILS has reached directly 30.973 youngsters, young adults and adults.

You can find more information and a pwp presentation with the main results of this activity (in English) here: <http://www.slideshare.net/Dianova/results-evaluation-mocktails-2015>

National Drug Prevention Alliance

We have developed and delivered prevention packages in the UK for primary schoolteachers, and for parents, but the best-known of our prevention models is a peer education programme for teenagers, based on experiential learning processes. As such, it has the name 'Teenex' and we have delivered training programmes in Poland, Portugal, Bulgaria and Germany (as well our own country of England). The core activity is a week-long lock-in camp in which the teenagers supervise the activities, with adults only in the background. Teenex was funded by the UK Government Home Office in its early years and also attracted substantial funding from the National Lottery and from grant-making trusts.

Teenex won a first prize in the international Stockholm Challenge in 2001.

The programme has been run continuously in Germany over the past 15 years, and continues – with its own premises south of Berlin - to be a key part of the work of the supervising agency. We recommend Linda to make contact with this highly knowledgeable agency, and involve them in the process if possible.

NDPA's website www.drugprevent.org.uk includes a great deal of relevant material, or mail NDPA on ndpa@drugprevent.org.uk

National Care Center, Uganda

- Coming off drugs requires an understanding that addiction to drugs and other substances is a chronic, progressive, primary and permanent disease, and an acceptance that the sufferer is powerless of the drug /substance. The sufferer and staff require a joint effort in applying the four elements of recovery ,ie, repairing social damage, skills for abstaining from all mood altering substances; restoration

- of self esteem, and getting involved in self support groups struggling to get off drugs
- The addicted person has to learn to live with the disease and has to be taught step by step how to function as a recovering addict. To attain this, the following goals have to be achieved:
 - Accepting addiction as a disease
 - Boosting self esteem
 - Eliminating emotional disorders ,such as resentments
 - Assessing job/career performance
 - Examining spiritual background and determining how it can be improved
 - Maintenance of sobriety
 - Taking care/provision of basic human needs

Targets of change include: physical health, psychological wellbeing, repairing social and family damages, and spiritual growth

Our prevention model entails structured programs including Community awareness , education and sensitization , residential rehabilitation or treatment for those addicted who need help (primary care, secondary care/after care)

The Primary treatment program is spread out in a period of 90days to 180 days depending on the level of damage, during which the addicted person discovers that addiction is a disease and breaks through denial and becomes ready to live with the disease in a healthy manner. He learns how to be sober in a world that does not necessarily support his sobriety

Clients in a treatment program need to undergo a radical behavior change which completes and complements total abstinence. In order for this to impact, clients need concentration and therefore a need for residential program. During the residential treatment, clients are supported by professional counselors and therapists as they go through orientation and primary care that takes them through:

- Early medical detoxification
- Personal /one to one counseling
- Educational Lectures/Cognitive Therapy
- Group Therapy sessions Relaxation techniques/skills
- Physical exercises
- Narcotics Anonymous(NA/AA) meetings
- Stress reduction techniques
- Prayer and meditation
- Occupational Therapy
- Therapeutic duties and peer presentations/sharing life stories

Secondary care/treatment is commonly referred to as aftercare, which involves weekly visits by the client to the centre after discharge and regular contact with the therapist for a specific period of time. The purpose of this phase is to help the client reintegrate into society smoothly as they face sobriety challenges in a healthy manner. It also helps client return to the” source” and draw from it encouragement and challenge from others. Client is encouraged to attend self support groups eg, Narcotic Anonymous and any other existing positive peer group. During this phase clients are encouraged to develop a strong relationship with God based on their original faith or religion.

During this phase peer evaluation is also encouraged, whereby clients evaluate each other’s recovery the way they see it. This is done in written and verbalized in group meetings. The purpose is to

provide feedback for clients by peers.. This helps individuals to identify changes to be made while utilizing personal assets.

In addition, family therapies are conducted at least once a month; where different families are brought together to share their experiences with addicts in their home, encourage each other, and learn to accept their loved ones back home during and after recovery. Specific topics are designed for this phase of development

Finally, Clients discharged from our programs are followed up for at least 12 months to ensure progress and sustainability

Pakistan Youth Organization

Life skills training

In life skills training we are organize training on parenting skills, communication, decision making, assertion, harms of drugs, self-esteem.

Awareness activities

Arrange different awareness activities in educational institutions including religious institutions.

Mobile prevention unit

This unit visit different places and aware community about harms of drugs and distribute informative material about drugs.

Healthy/positive activities

In this program we organize different healthy/sports activities for youth and general community for provision of alternate activity and information about harms of drugs.